FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P97000043876

1. Corporation Name WINGS OF LEARNING, INC

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90008 033 ***150.00



Principal Place	of Business	Mailing Address				? 1001100) 110 10111 10011 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111	
491 TROPICAL ISLES CIR		491 TROPICAL ISLES CIR					
FT PIERCE FL 34982		FT PIERCE FL 34982			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	٦
						05/14/1997	ļ
		2a. Mailing Address				4. FEI Number Applied For	-
2. Principal Place of Business							\exists
<u> </u>		26				65-0768381 Not Applicable	\dashv
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	İ
22		27				<u> </u>	┨
City & State		City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
23		28 7in	Coun	stra.			-
Zip —	Country	├ ²	_	iu y		8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax	1
24	25 29 30		<u> </u>			Personal Property Tax. LI Yes LI No 10. Name and Address of New Registered Agent	-
	9. Name and Address of Curren	Registered Agent		81	Name	IV. Maille and Address of New Registeres Agent	٦
CDE	ENE DADRADA I		-	١,	Hamo		
GREENE, BARBARA L						ress (P.O. Box Number is Not Acceptable)	İ
491 TROPICAL ISLES CIR							4
FIP	IERCE FL 34982			83			
				84	City	85 Zip Code	7
			1		•	FL S E S E S E S E S E S E S E S E E	_]
affina as s	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Elorida. Such change was suit	ጎለበታድቤ	nv ii	named corp ne corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE							- {
- CIGITATOTAL	Signature, typed or printed name of registered agen		E: Registered Agent signature require				ᅱ
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	D	☐ DELETE	1.1 TITI	LE		Change Addition	"
NAME	PROFITT, BARBARA A		1.2 NA	ME			1
STREET ADDRESS	491 TROPICAL ISLES CIR		1.3 STREE		ADDRES\$		
CITY-ST-ZIP	FT PIERCE FL 34982		1.4 CITY-		ZiP		4
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	m
NAME	GREENE, BARBARA L		2.2 NA	2.2 NAME			1
STREET ADDRESS 491 TROPICAL ISLES CIR			2.3 STR/		ADORES\$		1
CITY-ST-ZIP	· · · · · · · · ·		2. 4 CI	2. 4 CITY-ST-ZIP			╛
TITLE _	THE TOTAL TE OTHER	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	'n
NAME			3.2 NA	ME	-]	• .	Ì
STREET ADDRESS			3.3 ST	REET A	ADDRESS		
			3.4. CIT				
CITY-ST-ZIP		☐ DELETE	4.1 717		- +	☐ Change ☐ Addition	'n

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: BO

DELETE

DELETE

☐ Change

Change

Addition

☐ Addition



WINGS OF LEARNING

Tutoring Center

"THE PROGRAM
THAT MAKES A DIFFERENCE"

Director/Master Teacher Barbara Greene, M.A., E.D./Sp. Ed.

Reading Specialist
Barbara Proffitt, M.A.

595277 90008 -23 P97000043876

July 7, 1999

To Whom It may Concern:

Please note, this address is a private

home, and thereby this was not received on

time. The fusiness address is:

WINGS OF LEARNING, INC 800 Virginia Ave. Suite 61 Fort Pierce, FL 34982